

## **Letters to Vygotsky: Thinking about the Cultural-Historical Psychology in the Contemporary Clinic**

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## **Письма к Выготскому: размышления о культурно-исторической психологии в современной клинике**

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**Abstract.** This article aims to make a tribute to Lev Semenovich Vygotsky and his contributions to Cultural-Historical Psychology in the contemporary psychological clinic. In order

to build these reflections, we chose the letter format, considering that Vygotsky, a lover of literature, shared his theory with his students, collaborators and co-workers through letters as well. We understand that psychological clinic has always been one of Vygotsky's interests, which has been expressed, for example, in the construction of the pedology and the defectology. Although Lev Vygotsky was not a psychotherapist in the models we know today, we identified that his concepts such as mediation, learning, and zone of proximal development among others can contribute significantly to the work in the psychotherapy field. With affection, we realize that Cultural-Historical Psychology is a current theory and presents itself as a great power in the field of psychotherapy. We suggest that clinical investigations should be done in this promising field.

**Keywords:** *cultural-historical clinic; clinical psychology; cultural-historical psychotherapy; cultural-historical theory; Vygotsky*

**Аннотация.** Цель данной статьи — показать заслуги Льва Семеновича Выготского в области культурно-исторической психологии и значимость его идей для современной клинической психологии. Данный посыл реализован авторами статьи в формате письма, поскольку Л. С. Выготский, будучи любителем литературы, также делился своими идеями с учениками, соратниками и коллегами с помощью писем. Психологическая клиника всегда входила в круг интересов Л. С. Выготского, примером может служить сформированные им основы педологии и дефектологии. Несмотря на то что Лев Выготский не был психотерапевтом с точки зрения современных моделей психотерапевтической практики, необходимо признать, что его концепции медиации, обучения, зоны ближайшего развития, а также многие другие могут быть значимыми при исследованиях в области психотерапии. В статье отмечается, что культурно-историческая психология — это актуальная теория, имеющая большой потенциал для психотерапии. Авторы статьи предлагают организовать проведение клинических исследований в рамках данного перспективного направления.

**Ключевые слова:** *культурно-историческая клиника; клиническая психология; культурно-историческая психотерапия; культурно-историческая теория; Выготский*

Dear Vygotsky,

Allow us to address you these words in such a close and affectionate way. The historical gap between our existences has placed us at very different moments of life. However, your genius, your revolutionary ideas, your passion for Psychology and your deep look at the human being in all dimensions are sources of inspiration and support for psychological practice even today, in the 21st century. The idea of talking to you in a letter is a tribute and, at the same time, a mediating resource for us to translate how your Cultural-Historical Psychology has supported our clinical practice.

This letter also allows us to get closer to a literary and poetic language, crossed by the art that you admired so much and that proved to have a relevant psychological function. It allows us to access subjectivity with great force and provokes peculiar emotions. Therefore, it also motivates our capacity for thinking, creating, imagining (Alessandrini,

2017), among other functions which are so essential for a full development of the person. In our clinic, art has been an important ally.

We understand by creativity activity the idea that it is a kind of activity which creates something new, it can be a representation of an object, or a construction of a feeling of the human being (Vygotsky, 2014). In this sense, there is no way to think about psychology and above all, clinical practice without this creative power that belongs to the human, and allows us to integrate the past, present and future.

The words here contained were written with extreme respect, care and accuracy. They are a reconstruction of your entire work, in the field of psychological clinic. It is beautiful to be able to enjoy in these words all the compilation inspired by your word and our experience with psychotherapy, encompassing concepts and understandings that our thoughts have passed through our subjective filters and through the sieve of a clinic that has always asked for passage. Vygotsky, my dear, you would be very proud of this passionate elaboration made by your faithful followers. From objectivity to subjectivity and from subjectivity to objectivity, the construction and reconstruction of concepts, the own and unique reading of each one of us, update and authenticate Historical-Cultural Psychology under the aegis of a Brazilian group that portrays it with faithful appreciation.

So, my dear Vygotsky, a clinic based on your theory is concerned with apprehending the phenomena in its social genesis, that is, how it is constructed, shared and revealed. After all, as Marx and Engels (2007) mention it, it is not consciousness that determines life, but the opposite. Consequently, the formation of the human psyche occurs in the material, historical and dialectical relationship with the objective conditions of life. This results in a clinic that goes beyond the illness and understands the psyche in a systemic structure as you explained when referring, for example, to mental illness what changes are not the functions and its structure, what changes is the hierarchy between them while the whole systemic process is affected (Vygotsky, 2015).

Your early death deprived us of many writings that would certainly be brilliant, but, at the same time, left relevant questions to be expanded in the field of Psychology. Among these issues, we have the psychotherapy practice. The clinic as care, as understanding of the whole human development and as intervening. We can see through your contributions that human process is qualitative and full of changing and transformation.

It seems strange to talk about Cultural-Historical Clinic. The most appropriate word is perhaps “approach.” This statement is based on some reflections:

1. Psychology, as a body of knowledge taught in universities, had, for a long time, remained based only on classic approaches in the clinical field.
2. Your writings arrived late in Brazil and still have translation problems.
3. The initial appropriations of your theory took more place in the field of education.
4. Some views that affirmed about the non-social character of individual psychotherapy. In this sense, they say that a theory anchored in Marxism could not support the psychotherapeutic clinic.

5. The idea that you did not bring systematic work about the clinic.
6. The pedagogical clinic, that is, the children's clinic you did, was less studied in our context.

Dear master, we will highlight below our own reflections based on practical experiences as well as in the content of this vast work, which sweeps through all the concepts of your theory. Clinical practice in its theoretical line has been studied and developed by neoVygotskian professionals, constituting a way of working structured on top of solid conceptual pillars, brought by you. If we consider that man develops through the relationships when he establishes with another human being (Vygotsky, 1994), we have as a basic premise that at least two humans are necessary for this relational assumption, the main component in a psychotherapy process and in any relationship that presupposes the other. Thus, the interaction between therapist and client constitutes the philosopher's stone within the Cultural-Historical Clinic. Then, we will, through the heritage of your work, dive together in this universe so unique and peculiar of the therapeutic relationship.

Your work is a theory of human development. As such, it is the basis for understanding and performing in psychological clinic. You and Luria have even developed studies and practices in psychiatry and neuropsychology. Subsequently, other authors, such as Leontiev, Zeigarnik, Rubinstein, Elkonin and many others, brought relevant themes to systematize clinical practice.

In the beginning, there were many doubts and concerns about whether Cultural-Historical Psychotherapy was possible. At the same time, there was a certainty that in science we need to dare, advance and expand knowledge and practices. When you say: that the knowledge is able to be reframed; for us, it means bringing new signs in light of the demands of a specific historical moment. I would love to tell you, my dear Vygotsky, the more we read your writings, the more we found a resonance with our idea of psychological clinic.

Firstly, the very idea that you brought in the work *Psychology of Art* (Vygotsky, 1999) that the social is not just a collective, it can be a single person with his deepest pains too. Therefore, the Cultural-Historical Clinic is possible in the most diverse formats: individual or in group psychotherapy, in the community, in Psychosocial Care centers and in other spaces. It brings, in its nature, a social dimension, as well as the human being that goes beyond its biological constitution and inscribes himself in the world through the conversion of culture into psychological processes. That is, organic and social nature can no longer be separated. Objectivity and subjectivity cannot be thought in a dualistic way. In the clinic, the subject and his complaint are situated in a personal/social history; the symptom is an expression of this subject seeking to deal with the difficulty, the limit, the pain. At the same time that it brings something of destruction, it has something about the possibility of construction. For this reason, the Cultural-Historical Clinic does not label, does not identify the subject as being "pathology."

Since the caregiver-baby relationship, there is already a need to create relational bonds to prevent delays, benefiting and optimizing the child's potential. Significant bonds are essential to promote the neurological and psychological development of human beings.

According to Fonseca (2013), we believe that bond is the first step towards intelligence (be it cognitive or emotional, if they unfold). Thus, it is essential that basic preventive guidance is provided, which can be widely disseminated in the public sector, on the importance of establishing relationships from the beginning: early in life. Through the bonds and the mediating language that transits within this relationship, the objective becomes subjective in a dialectical process, which begins with the other and, gradually, when it is signified, it says goodbye to the other, becoming one's own and independent (Vygotsky, 2015).

Considering the dimension of language that you have emphasized so much, the person can go on tracing a new path of himself and breaking with a reified subjectivity that alienates the subject from himself and the world. A clinic that allows the subject to appropriate himself of, even of what is expressed as illness. It is not the psychologist who is going to give you labels or be the owner of an absolute knowledge about the other.

From your studies, we saw that this process happens in this relationship with culture, by converting the external into the internal; which allows us to subjectify. About this, it is opportune to bring your word when you say:

An interpersonal process is transformed into an intrapersonal process. All the child's developmental functions appear twice: first at the social level and then at the individual level; first among people (interpsychological) and, later, inside the child (intrapsychological) [...] all higher functions originate from real relationships between human individuals. (Vygotsky, 1994, p. 57)

Your theory makes us look at ourselves also as subject mediators in the clinical process. This reminds me of your story brought by biographers when they say that everyone who lived with you in the work and gym settings emphasized your attitude of respect for others, your attentive listening and your ability to aggregate many around your ideas, without behaving in an authoritarian way. Also without losing your firm leadership. So, we are playing roles in the clinic. The clinic itself is a cultural invention, and the psychopathologies are expressions of times and ways of life in society (Zeigarnik, 1972). They don't come out of nowhere or are just the result of genetic arrangements. They are woven into multiple human relationships.

Following this point of view about contemporary clinic and human relationships, we want to understand how dialogical relationships promote human development. Leal (2003) mentions that it is in the "I-Other" relationship that the exchanges of sometimes "I", sometimes "You" occur. These exchanges that respect the alternate rhythm of the people involved, reconstruct and reframe reality building the human maxim: subjectivity. The indicated pause is important for a next initiative. Thus, we also launch these thoughts certain that the delivery of the transmission will fulfill its destiny, and reissue many other initiatives.

Many critics will say that the book *Psychology of Art* was one of Vygotsky's first publications. We believe it is an empty argument. There you were and nothing you wrote

was denied in your later works. So, we started to look at the clinic as a symbolic space for the production and transformation of meanings and senses. Space for languages and, therefore, for dialogue. The external mediating therapist facilitates internal mediations and new areas of development of the person in psychotherapy.

In this work, you speak of something fundamental for the psychological clinic; whatever the idea of transformation is. A word that contains powerful meaning and inspires us to think about the miracle of the human in search of producing himself as an active subject in the world. At that point, we remember your beautiful words when you wrote:

The true nature of art always implies something that transforms, that surpasses the common feeling, and that same fear, that same pain, that same restlessness, when raised by art, imply something more than what is in them contained. And this something overcomes these feelings, eliminates these feelings, turns water into wine, and thus the most important mission of art is accomplished. (Vygotsky, 1999, p. 307)

Returning to your practice, precious teacher, when you emphasized that instruments, actions and social relations are presented to the child, in the first instance, on a social level and only afterwards the maturation is guided on an internal and subjective level, through the process of internalization, justifying the essential need for interpersonal contact to constitute human subjectivity, thus bringing the visionary and current way of understanding (Vygotsky, 1994).

For us, the most important is that cognition and affection as a unity present in all human development and activity. The concepts of emotion, subjectivity and *perezhivanie* must be studied as a generative system inseparable from the individual (Fleer, Rey, & Veresov, 2018). As you said yourself, there is no word without emotion (Vygotsky, 2004). You also stated that “emotions cannot be understood unless in the context of the whole dynamics of human life. Only then do emotional processes reach their sense and meaning” (Vygotsky, 2015, p. 414).

In the clinic, we see that every emotion can also be expressed, translated and brought to consciousness. In fact, consciousness as a central function defines the human being. For this very reason, it carries with it the contradiction that there are aspects that are not symbolized and remain unconscious. After all, you showed us that development is based on crises that do not necessarily bring the idea of something bad or harmful. These are moments when we need to live to advance new tasks in development. However, without favorable contexts and adequate mediations, they can also become moments of illness and stagnation (Wertsch, 1991).

In the relationship with the other, we seek to understand their internal world and the appropriation of reality that built their subjective world and, from this, we work what is within their reach. The questions to be developed must meet what each individual is able to accomplish, work and reframe and the Cultural-Historical professional must always be attentive to the degree of understanding and embodied experience in the person of his client. Master, your theory respects each one's internal and historical time. There

is nothing more eternal than the present, it reissues us, as expressed in your recently translated notebooks (Zavershneva & Van Der Veer, 2018).

As emphasized by you, the focus of the Cultural-Historical therapist must always be focused on the potential of your client and, in this way, we understand that it is essential to go to him, wherever he is, to support and guide him, being the mediator resting between the external and the internal environment. Its premise is that we walk together, therapist and client, side by side towards the internalization of meanings that make sense and that we can intercede helping in the process of appropriating reality through exchanges, leading to developmental and transforming goals, which well conducted will lead him to psychic independence.

In these discoveries, in clinical care at the University, we were advancing and faced demands loaded with psychological suffering in contexts of extreme social vulnerability. We saw that perejivaniyes took place in pain, in self-denial, in helplessness, in exclusion, in violence. So, my dear, it is the demand of a school service at a public university. As you have always emphasized, psychology investigates human development in its movement. So you and your collaborators make it clear that when studying the development of the infantile psyche, for example, we should start by analyzing how the child's activity is built in the concrete conditions of life. "Only with this mode of study can the role of external conditions of life, as well as the potentials that it has, be elucidated" (Vygotsky, Luria, & Leontiev, 1988, p. 63).

Children, adolescents, adults with the most diverse and urgent complaints urging for help. Thus, we were discovering how the approach was coherent and proposed a social, human and effective clinic to promote significant transformations in the lives of the users of the service where we work in. Mainly, when considering that the disease does not designate the subject, our focus is on the person. It is his autonomy and the production of himself as a subject in the world, aware of his potentialities, his possibilities and also of his difficulties, challenges and the issues that are of the order of the scenarios and the ways of life.

However, along this path, we missed more theoretical systematization, in order to actually build a praxis. Imbued with this desire, we began to study, investigate and reflect on our clinical activity. We discovered, on the way, that your theory allows us to create concrete instruments of mediation, mainly in psychotherapy. Thus, we have been developing our own ways of acting and facilitating therapeutic processes.

In this letter, we want to make it clear to you that we were always attentive to the epistemology that supported Cultural-Historical Psychology, when it was created, without losing sight of the look at the contradictions that emerged in this process. We also want to tell you that reinventing ourselves in psychological clinic can be understood from the tripod: need, motive and activity. We started from the need for a clinic according to a Psychology that understood man in movement, as already expressed by Silvia Lane (1999). A clinic committed to a Psychology that would break dualisms and fragmentations in the understanding of the human being. A Psychology that looked at the clinic as a body of knowledge at the service of the human as a being of creation, transformation, interaction, contradictions and differences.



Having this need, our motive or central engine in the Clinic was increasingly to build knowledge that would allow a practice that situates the subject as an integral health producer and aware of his roles in the drama within existence itself. Not as subjugated character, but as a protagonist who is capable of self-awareness and realizing reality with its complexities. For this reason, our professional activity in the clinic has been full of happy affections, questions, theoretical productions, debates and many ZPDs (Zone of Proximal Development).

This concept of a zone of near development is presented by Vygotsky (1994, p. 97) when he mentions that it refers to those “functions that have not yet matured, but that are in the process of maturation, functions that will mature, but are currently in an embryonic state.” Still within this theme Valsiner (1984) points out that the ZPD consists of collective processes that lead to the development of new skills. Therefore, it is a symbolic field of actions that are only possible in social interaction, which is fundamental in a clinical process either in individual or group psychotherapy.

It is worth emphasizing that we are aware that your work has not escaped controversies, grievances and criticisms. Even from your time here, even taking you as a reference, there are different ways of situating your work. For us, this only further reinforces the richness of your legacy. So, we always take care to see if the historical and dialectical materialist essence of your work is maintained by the commentator. After all, we don't believe in neutral science. I imagine that if you lived in our time, you wouldn't believe in it either.

Concluding this letter, we can even remember the many letters you wrote to your friend Luria, many of them in the hospital bed with tuberculosis in an advanced stage. Even so, you expressed your commitment to not let die the Psychology you were creating and that crossed your life (Akhutina, 2003). This leads us to think that this Psychology was forged in the dialectic of fragility, expressed by the disease and in the strength expressed by the will, commitment, by the rich thinking. For us, it symbolizes the clinic. Place of listening and welcoming pain, joy, strength and weakness. Place of the human in its entirety and, as you highlighted, a being whose genesis is based on four planes: in the species, in its own development, in the social sphere and in the singularities of each person.

Dear Vygotsky, it was still necessary to systematize this journey, in order to share practices, reflections, memories and contribute to the strengthening of a clinic, based on the Cultural-Historical Approach.

We can assure that there are plenty of benefits in these words, because they reflect the potential of your theory applied in the clinic area. Our thoughts are the result of collective feelings, and we address them to you, with expressive beauty. We hope these contributions can be read as a portrait with appreciable biographical and historical value of those who knew how to address themselves to the master.

Finally, in order to be fulfilled, letters need to cross, so, we offer to deposit them (each one) at the master's feet, in his Museum in Moscow. *Letters to Vygotsky* will be there, fulfilling its intention to be delivered to the first and precious recipient.

Best regards, the authors.



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